

Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)						FILING DATE	
						APPLICANT(S)	
CLAIMS							
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT		
	NO.	DEF.	NO.	DEF.	NO.	DEF.	
1	1						61
2							62
3							63
4							64
5							65
6							66
7							67
8							68
9	1						69
10							70
11							71
12							72
13	1						73
14							74
15							75
16							76
17	1						77
18							78
19							79
20							80
21	1						81
22							82
23							83
24							84
25							85
26							86
27							87
28							88
29							89
30							90
31							91
32							92
33							93
34							94
35							95
36							96
37							97
38							98
39							99
40							100
41							
42							
43							
44							
45							
46							
47							
48							
49							
50							
TOTAL NO.	5						TOTAL NO.
TOTAL DEF.	20						TOTAL DEF.
TOTAL	25						TOTAL

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